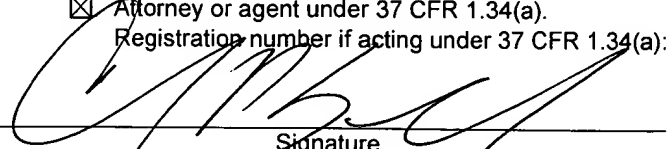


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|---|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i> | | Docket Number (Optional) 7404-727 |
| Application Number | 09/943,080 | Filed August 30, 2001 |
| For | Carlo EFFENHAUSER et al., entitled "SYSTEM FOR WITHDRAWING SMALL AMOUNTS OF BODY FLUID" | |
| Art Unit | 3736 | Examiner Szmal, Brian Scott |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month [37 CFR 1.17(a)(1)] | \$120 | \$60 \$_____ |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)] | \$450 | \$225 \$_____ |
| <input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)] | \$1020 | \$510 \$ <u>1020</u> |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)] | \$1590 | \$795 \$_____ |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)] | \$2160 | \$1080 \$_____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | 08/25/2005 EFLORES 00000083 09943080 | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | 01 FC:1253 | 1020.00 OP |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> Applicant/inventor. | | |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>45,082</u> | | |
| <input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): <u>45,082</u> | | |
|  Signature | | August 22, 2005 Date |
| Charles P. Schmal, Appointed Practitioner to Act on Behalf of Customer Number 41577 Typed or Printed Name | | (317) 634-3456 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | | |